## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10764923

CLAIMS AS FILED - PART I  (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OF SMALL ENTITY	
TOTAL CLAIMS			10		COIG		ı	RATE		OR 7		
FOR			10			50 5V70.			FEE	$\dashv$	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			( U minus 20= *					XS 9=		OR	X\$18=	j
INDEPENDENT CLAIMS			minus 3 = *					X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT	<del></del>				+145=		OR	÷290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			ı	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										_	OTHER	THAN
(Column 1)			(Column 2)			(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT CL	_AIM		ŀ	1.45		1	+290=	
		·					L	+145=		OR	TOTAL	
							. Д	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	
		(Column 1)		(Column HIĞHEST		(Column 3)	_	-				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	·*	Minus	**		= .		X\$ 9=	·	OR	X\$18=	
ME	Incependent	*	Minus	***		=		X43=		OR	X86=	
`	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT CL	AIM		-					
						•	L	+145=		OR	+290=	
						•	Al	TOTAL DDIT. FEE	·	OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2		(Column 3)						
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSI PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= ` .		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		=		X43=			X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CL	AIM		-			OR		
. 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	the "Highest Nun	nber Previously Pai	id For" IN THIS	SPACE is less	s than	20. enter "20."	ΑГ	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
		nber Previously Pa ber Previously Paid							ropriate box			